

COMMUNITY CONNECTIONS HEALTHCARE COVERAGE

ELIGIBILITY: Employees working 130+ hours in a month and their dependents. Dependents may enroll in one or all of the coverages that the employee is enrolled in.

ORIENTATION & WAITING PERIOD: 1st of month after 30 days from date of employment.

ENROLLMENT: Regular, benefited employees will be contacted prior to their eligibility date to complete paperwork, even if they will be declining coverage. Employees, not classified as benefited, who work 130+ hours in a month will be contacted immediately upon knowledge of eligibility and offered retroactive coverage for that month.

BREAK IN SERVICE: If you fall below 130 hours in a month, coverage will be terminated for the following month. Once you work 130+ hours you may elect to enroll in coverage for the following month.

COVERED		PPO	HSA	Dental Vision
EMPLOYEE COST	Employee Only	\$100.00	\$100.00	\$30.00
	Employee & Spouse	\$730.00	\$470.00	\$50.00
	Employee & Child(ren)	\$650.00	\$436.00	\$60.00
	Employee & Family	\$1050.00	\$600.00	\$120.00
EMPLOYEE COST DIVIDED BETWEEN THE FIRST AND SECOND PAYROLLS OF EACH MONTH.				

NEW HIRE ELIGIBILITY EXAMPLE	Hire Date	30 Days	Benefit Start Date
	October 5	November 5	December 1

PPO		
COVERAGE	Deductible Annual amount that you will pay before your health insurance begins coverage.	Individual \$500 Family \$1,500
	Preventive Services	100%
	Coinsurance The percentage of your healthcare costs that insurance will cover after your costs exceed your annual deductible. You pay coinsurance for care after you meet your deductible.	Insurance covers 50% after deductible
	Out of Pocket Max This is the maximum total expense that you could incur in a given year.	Individual \$5,000 Family \$9,700
	Pharmacy Copay The fee you pay for each prescription. You pay copay and coinsurance. Does not apply towards satisfying deductible.	Generic \$10 Copay, then insurance covers 100% Preferred \$30 Copay, then insurance covers 100% Non-Preferred \$50 Copay, then 100% thereafter Preventive Drugs \$0 Copay

HSA		
COVERAGE	Deductible Annual amount that you will pay before your health insurance begins coverage.	Individual \$2,800 Family \$5,600
	Preventive Services	100%
	Coinsurance The percentage of your healthcare costs insurance will cover after your costs exceed your annual deductible. You pay coinsurance for care after you meet your deductible.	Insurance covers 100% after deductible
	Out of Pocket Max This is the maximum total expense that you could incur in a given year.	Individual \$2,800 Family \$5,600
	Pharmacy Copay The fee you pay for each prescription. You pay for all prescriptions until you meet your deductible. Costs go towards satisfying deductible.	100% after deductible
	Additional Plan Features An employee-owned savings account will be opened with Avidia Bank for establishing your HSA by HR personnel. You will receive an email from PBS/Avidia bank to register for your online access. The HSA is portable and funds roll over from year to year. Employees will receive a total monthly employer contribution of \$200, deposited into their Avidia account, to use on qualified medical expenses. The employer contribution of \$200 will be divided between the first and second payrolls of each month. Employees may elect to make additional tax free contributions to their HSA.	

DENTAL		
COVERAGE	Deductible Annual amount that you will pay before your health insurance begins coverage.	Individual \$50 Family \$100
	Preventive Services Two exams and cleanings twice a year, at least 6 months apart. Bite Wing x-rays once per year; Full Mount x-rays once every three years.	Diagnostic & Preventive (Exams, X-rays, Cleanings) 100% (deductible waived)
	Coinsurance The percentage of your healthcare costs that insurance will cover after your costs exceed your annual deductible.	Basic (Fillings, Drillings, Extractions): 80% after deductible Major (Inlays, Crowns, Bridges, Dentures, Implants) : 50% after deductible Orthodontic Services: not covered Calendar Year Max Benefit: \$2,000

VISION		
COVERAGE	Deductible Annual amount that you will pay before your health insurance begins coverage.	Individual \$0 Family \$0
	Preventive Services	See coinsurance below
	Coinsurance The percentage of your healthcare costs that insurance will cover after your costs exceed your annual deductible.	100% - One eye exam per calendar year (per covered person) Hardware 100%; up to \$300 per calendar year

CONTACTS		
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Teladoc	800-Teladoc (835-2362)	www.teladoc.com
Professional Benefit Services - HSA	800-982-2012	www.proben.healthcareportal.com
First Choice Health Network	Visit the site to find Network Providers	www.fchn.com